

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HY335302**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MARTIN, WALTER R		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 12500	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE	
DATE OF APPOINTMENT 16-DEC-2009	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 004	BEAT/CALL NO. 0461E	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0512
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 10-JUL-2015	TIME 16:03:00
HEIGHT 509	WEIGHT 215	DAY OF WEEK FRIDAY	
NO. OF OFFICERS BATTERED 8			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 7			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? _____</p> PATROL TYPE <ul style="list-style-type: none"> <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>UNMARKED</u> 	
MANNER OF ATTACK <ul style="list-style-type: none"> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) 			
TYPE OF WEAPON/THREAT			
(Check all that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. FIREARM CALIBER 45 ACP <input type="checkbox"/> B. HANDS/FISTS <input type="checkbox"/> C. FEET <input type="checkbox"/> D. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> E. VERBAL THREAT (ASSAULT) <input type="checkbox"/> F. OTHER (SPECIFY) _____ 			
TYPE OF ACTIVITY <ul style="list-style-type: none"> <input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER _____ 			
FIREARM USE INFORMATION (Check all that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	
CB NO 00000000	IR NO.		
TYPE OF INJURY TO OFFICER			
<ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE 		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? 1	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <ul style="list-style-type: none"> <input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND 	
APPROXIMATE OUTDOOR TEMPERATURE: 72 °F			

R/O & ASSISTING OFFICERS WERE IN FEAR OF RECEIVING GREAT BODILY HARM AND DEATH WHEN THE OFFENDER MCSWAIN, WHILE ARMED WITH A COLT, .45 CALIBAR SEMI-AUTOMATIC PISTOL PRESENTED A THREAT TO R/O'S AND ASSISTING OFFICERS.

REPORTING MEMBER - SIGNATURE
MARTIN, WALTER R

STAR NO.
12500

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
WALLER, FRED L

464